

SAN BERNARDINO COUNTY — PARKING ADMINISTRATION
INITIAL ADMINISTRATIVE REVIEW

An Initial Administrative Review may be requested in person, by phone, or in writing. Please be specific when explaining why you feel that dismissal of the citation is warranted.

PLEASE TYPE OR PRINT THE FOLLOWING:

(Review determination will be mailed to address provided below)

Respondent's Name _____

Address _____

City _____ State _____ Zip _____

Violation Location _____

Home Phone (_____) _____ Work Phone (_____) _____

Statement of Facts _____

— IF MORE ROOM IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER —

Form Completed by: _____ Check one: ☐ Mail In ☐ Phone In ☐ In person

Signature _____ Date _____

— FOR OFFICIAL USE ONLY —

Reviewed by _____ I.D. No. _____ Date _____

Please Print or Type

☐ Citation Dismissed

Code _____

☐ Citation Valid

Code _____

Comments _____

☐ Determination Mailed

Date _____

WARNING: If you wish to pursue this matter further, please see the attached instructions. Failure to respond in a timely manner may prevent you from contesting this citation further.

Signature _____ Date _____